

Department of the Army  
Pamphlet 135–381

Army National Guard and Army Reserve

# **Incapacitation of Reserve Component Soldiers Processing Procedures**

Headquarters  
Department of the Army  
Washington, DC  
29 September 2005

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

DA PAM 135-381

Incapacitation of Reserve Component Soldiers Processing Procedures

This new Department of the Army pamphlet, dated 29 September 2005--

- o Is a new publication, containing information, guidelines, and procedures from AR 135-381 (paras 2-1, 2-2, 2-3, 2-4).
- o Contains extensive new and updated information on how to apply for incapacitation pay.
- o Contains claim procedures with functions for all levels of command, which are located in chapter 2 (paras 2-2, 2-3, 2-4).
- o Contains the new Incapacitation Pay Monthly Claim Form (DA Form 7574) (figure 2-2).
- o Contains board procedures in chapter 3 (para 3-1).

Army National Guard and Army Reserve

**Incapacitation of Reserve Component Soldiers Processing Procedures**

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By Order of the Secretary of the Army:

PETER J. SCHOOMAKER  
*General, United States Army  
Chief of Staff*

Official:



SANDRA R. RILEY  
*Administrative Assistant to the  
Secretary of the Army*

**History.** This publication is a new Department of the Army pamphlet.

**Summary.** This pamphlet provides procedures regarding processing of incapacitation pay for members of the United States Army Reserve and the Army National Guard/Army National Guard of the United States. Policy regarding incapacitation pay is provided in AR 135–381.

**Applicability.** This pamphlet applies to

Soldiers of the United States Army Reserve and the Army National Guard/Army National Guard of the United States. It also applies to all medical treatment facilities, finance and accounting offices, and Active Army headquarters, commands, installations, and agencies responsible for Reserve Component Soldiers.

**Proponent and exception authority.**

The proponent of this pamphlet is the Deputy Chief of Staff, G-1. The proponent has the authority to approve exceptions or waivers to this pamphlet that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or a direct reporting unit or field operating agency of the proponent agency in the grade of colonel or the civilian equivalent. Activities may request a waiver to this pamphlet by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the

commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DAPE-PRC), Washington, D.C. 20310–0300.

**Distribution.** This publication is available in electronic media only and is intended for command levels A for the Army National Guard/Army National Guard of the United States and the United States Army Reserve, and D for the Active Army.

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### **Glossary**



## **Chapter 1**

### **Introduction**

#### **1-1. Purpose**

This pamphlet provides procedures regarding incapacitation pay and allowances for Reserve Component (RC) Soldiers.

#### **1-2. References**

Required and related publications and prescribed and referenced forms are listed in appendix A.

#### **1-3. Explanation of abbreviations and terms**

Abbreviations and terms used in this publication are listed in the glossary.

## **Chapter 2**

### **Incapacitation Claim Procedures**

#### **2-1. Claim initiation**

*a.* When a Soldier has incurred or aggravated an injury, illness, or disease during active duty (AD) or inactive duty (IDT) that renders the Soldier unable to perform military duties and/or demonstrates a loss in nonmilitary earned income, he/she is responsible for initiating an incapacitation pay claim. The incapacitated Soldier will—

*b.* Promptly notify his/her first line leader and unit commander of the injury, illness, or disease.

*c.* Comply with medical treatment and follow all instructions provided by medical personnel and all guidance given during the soldier briefing (figure 2-1). (Emergency care is immediate care required to preserve life, limb, or eyesight, or to prevent undue suffering. The approval authority for emergency civilian medical care is the commanding officer or senior person present in the commanders absence).

*d.* Apply for reimbursement, if travel to an authorized medical treatment facility (MTF) was in excess of 50 miles or 90 minutes. (NOTE: This is not TDY, and expenses paid by the Government are limited to actual costs expended per Joint Federal Travel Regulations). See AR 135-381.

*e.* Complete and submit an Incapacitation Pay Monthly Claim Form (DA Form 7574 (figure 2-2)) for each calendar month claimed. The Soldier must:

(1) Accurately disclose income from nonmilitary earned income. This is income from military employment, including self-employment and includes normal wages, salaries, professional fees, tips, or other compensation for personal services actually rendered, as well as income from income protection plans, vacation pays, and sick leave that the member elects to receive. It does not include rents, royalties, retirement pays, dividends or interest, welfare payments, or other nontaxable Government benefits.

(2) Notify the unit commander of any outside insurance settlements as a result of the injury, illness, or disease. Civilian insurance settlements may not be counted as income, unless the payment is for lost income.

(3) Notify the unit commander upon any changes of civilian work status if you are receiving incapacitation pay for loss of civilian earned income. If you quit the civilian job where you were receiving loss of civilian earned income, your entitlement to incapacitation for loss of civilian income terminates.

(4) Notify the unit commander if you are a student. Students who cannot perform military duty will be paid for loss of military income. Students claiming loss of civilian earned income can only receive incapacitation pay for this loss if they cannot perform the job they were doing when they became incapacitated.

*(a)* Members who are in receipt of Department of Veterans Affairs (VA) benefits for the same injury, illness, or disease may elect to receive either military pay or VA pay under DOD 7000.14R, DOD Financial Management Regulation (FMR), volume 7A, chapter 57.

*(b)* Provide all medical documentation pertaining to treatment received. Military Physicians Statement of Soldiers Incapacitation/Fitness for Duty (DA Form 7574-1 (figure 2-3)) must be completed every 3 months.

*(c)* If self-employed or have seasonal income, submit copies of Federal income tax forms. Supporting documentation (including Schedule C) filed with the Internal Revenue Service (IRS) together with any claims made with or benefits paid by any income protection plan, must also be provided.

*f.* Obtain statements from employers regarding civilian employment status. (Employer must complete appropriate section on claim DA Form 7574-1.) Notify unit immediately upon any change of status or civilian work status.

*g.* Do not use nonreceipt of inactive duty training (IDT) pay in computing loss of nonmilitary earned income.

*h.* Do not perform any military duty until a determination of fitness is made by a military physician.

#### **2-2. Unit processing procedures**

Upon learning of a Soldiers injury, illness, or disease, the unit commander or designated representative will immediately—

a. Ensure medical care is provided to the Soldier. Depending upon the type of injury, illness, or disease, and the location of the medical treatment facility (MTF), coordinate with the MTF to determine if appropriate treatment is available.

b. Notify the next higher headquarters of the injury, illness or disease and the circumstances involved.

c. Initiate action to ensure a line of duty investigation (LDI) is completed in accordance with AR 600–8–4 and included in the Soldiers request for incapacitation pay. The unit commander or designated representative will issue an interim line of duty determination within sufficient time to ensure that military pay and allowances will commence within 30 days of the date the injury, illness, or disease was reported, unless there is clear and convincing evidence that the injury, illness, or disease was not incurred or aggravated in a duty status or was due to the members own misconduct.

d. Counsel Soldier to read and sign the Soldiers Acknowledgement of Incapacitation Pay Counseling Statement (DA Form 7574–2) (figure 2–4) and indicate that—

(1) Military medical treatment is limited to this injury, illness, or disease only. The Soldier does not receive full military medical treatment as if he/she were on active duty. If the LDI determines that the injury was not in line of duty, (NLD) the Soldier may be liable for Government-incurred medical costs associated with the incident.

(2) He/she may be entitled to incapacitation pay.

(3) Any such pay will not exceed full pay and allowances for the Soldier's pay grade and years of service, and will be reduced by earned income received from other sources.

(4) The appropriate headquarters will initiate action, utilizing DD Form 139 (Pay Adjustment Authorizations), to recoup any overpayments, duplicate or improper payments to Soldiers receiving incapacitation pay.

(5) Incapacitation pay under DOD Directives shall be paid only during the period a member remains not fit for military duty and/or demonstrates a loss of earned income as a result of the incapacitation. Payment in any particular case may not be made for more than 6 months without approval by the Secretary of the Army or his designee.

(6) It is the Soldiers decision to use or not use leave (sick, annual, vacation, and so forth) from his/her civilian job. Soldiers cannot be forced to use civilian sick leave. If the Soldier uses any civilian sick leave, he/she will not be reimbursed for that period of time. In order to receive incapacitation pay for the period for which leave was received from his or her civilian job, that leave must be paid back to the employer, if allowed by the employer. The Soldier must submit documentation reflecting that action and reinstatement of leave.

(7) If the Soldier has been determined by an MTF to be fit for military duty, but still cannot perform his/her civilian duties, he/she will be able to attend IDT or assigned AD, but must be able to fully document his/her inability to perform civilian duties.

(8) In no case will a Soldier be allowed to perform military duty without a determination of fitness for duty or, during the period, a military physician has determined the Soldier is unfit to perform military duties.

(9) Soldiers should be informed that the VA or Social Security compensation collected during this period for the same injury, illness, or disease may offset the amount of incapacitation pay.

(10) The Soldier may be subject to prosecution under Federal law for falsification of any statements or nondisclosure of any outside income, which may result in a fine or imprisonment, or both. Suspected cases of fraud should be reported to the proper agency immediately.

e. Assist the Soldier in preparing claim forms (DA Form 7574).

f. Make appointment at the MTF for the Soldier.

g. Request travel orders for the Soldier to go to the MTF. Obtain and prepare necessary paperwork for travel expenses related to treatment at the MTF.

h. Provide a copy of the unit training schedule covering the period of duty during which the Soldier is incapacitated.

i. Provide a copy of DA Form 1379 (U.S. Army Reserve Components Unit Record of Reserve Training) or DA Form 1380 (Record of Individual Performance of Reserve Training), if the injury occurred during IDT.

j. Provide a copy of annual training (AT), active duty for training (ADT), active duty for special work (ADSW) orders, with amendments, if injury, illness, or disease occurred during this period of training.

k. Provide documents from the Soldier's records, as needed, to complete the claim.

l. Submit the claim through the chain of command to the appropriate approving office.

m. Submit claims to exceed the 6-month statutory limit if required.

## **2–3. National Guard Bureau/United States Army Reserve (NGB/USAR) processing procedures**

The National Guard Bureau or Regional Readiness Command incapacitation pay POC will—

a. Receive, review, and verify DA Form 7574 submitted by the Soldier. Forward requests to the Health Service Specialist (HSS) of the State for Army National Guard (ARNG) or to one of the following for USAR processing:

(1) United States Army Reserve Pay Center (USAR Pay Center) Fort McCoy for USAR Troop Program Unit (TPU) Soldiers in CONUS and Puerto Rico.

(2) Reserve Component Pay Support Office (RCPSO) Germany for USAR TPU Soldiers in Europe.

(3) RCPSO Hawaii for USAR TPU Soldiers in Hawaii, Alaska, Guam, American Samoa, and Saipan.

- (4) RCPSO USA HRC-St. Louis operational element for USAR IRR and IMA Soldiers.
- b. Complete Section IV of DA Form 7574. Approval certifies that the Soldier is entitled to incapacitation pay, and that the following have occurred:
- (1) Soldiers who have been determined to be not fit for military duty, have not performed, and/or been paid for any AD or IDT during the incapacitation period.
  - (2) LDIs have been completed to support aggravation and/or prior service conditions of injuries, illness, or diseases.
- c. Maintain a log/tracking system of all claims received, indicating dates received and forwarded, and current status. In accordance with DOD directives, also include date when injury, illness, or disease was incurred or aggravated; the type of injury, illness, or disease; the date when the pay and allowance commenced; and the applicable rule, DOD 7000.14R, DOD FMR, volume 7A, chapter 57. Which table applies depends on when the injury, illness, or disease was incurred or aggravated.
- d. Maintain photocopies of claims submitted.
- e. Review all requests for exception to exceed 6 months of incapacitation pay and forward, with recommendation, to NGB/USARC G-1 for further processing.
- f. Assist unit, as necessary, in obtaining medical treatment from supporting MTF.
- g. Assist unit, as necessary, in obtaining completed LDI from approving authority.
- h. Budget, for travel expenses related to obtaining treatment at MTF.
- i. For ARNG, the State area commands (STARC) should provide Headquarters, NGB/USA HRC-St. Louis, a copy of each month's STARC/Regional readiness command (RRC) verified DA Form 7574, signed in section IV.
- j. Monitor and review all LDIs to ensure timely and accurate completion by the unit and the approving authority through records, reports, and assistance visits.
- k. Ensure compliance with AR 600-8-4.
- l. The designated POC at the STARC/RRC shall coordinate the medical or dental treatment of the incapacitated Soldier with the MTF Patient Administration Division (PAD).

## **2-4. National Guard Bureau (NGB)/U.S. Army Reserve Command, G-1 (USARC, G-1) processing procedures**

The incapacitation pay manager for the NGB/USARC, G-1 will—

- a. Receive and maintain copies of claims approved.
- b. As required by DODI 1241.2, paragraph 5.2.3, develop a system to track Soldiers entitled to receive incapacitation pay. The tracking system will include, at a minimum: the Soldiers name, rank, social security number (SSN), unit of assignment; the date when the injury, illness, or disease was incurred or aggravated; the type of injury, illness or disease; the date when the pay and allowances commenced (if not continued on active duty); indication if returned for correction; the date the case was closed or incapacitation pay terminated; and the applicable rule provided under DOD 7000.14R, DOD FMR, volume 7A, chapter 57.
- c. Prepare periodic reports for the Deputy Chief of Staff for Personnel (DCS, G-1) indicating claims initiated year-to-date, claims in progress, claims closed, claims approved, claims returned for correction, and claims disapproved and provide to DCS, G-1.
- d. Review all requests for exceptions to exceed 6 months of incapacitation pay.
- e. Ensure procedures are in place for timely payment of pay and allowances as authorized under Sections 204(g) and 204(h), Title 37, United States Code (37 USC 204(g) and 204(h)), and FMR, volume 7A. That pay should commence not later than 30 days after the illness, injury, or disease was incurred or aggravated, and shall continue without interruption until terminated on the date that one of the following occurs:
  - (1) The Soldier is found fit for duty, except in the case of a member who has a tier 2 claim.
  - (2) The Soldier no longer demonstrates a loss of earned income in the case of a Soldier covered under tier 2, unless the Soldier is separated or retired or the Secretary of the Army or his designee determines that it is no longer in the interest of fairness and equity to continue pay and allowances under 37 USC 204(g) or 204(h).
- f. Under regulations prescribed by the Secretary of the Army, an appropriate approving authority shall issue an interim line of duty determination in sufficient time to ensure that pay and allowances will commence within 30 days of the date that the injury, illness, or disease was reported, unless there is clear and convincing evidence that the injury, illness, or disease was not incurred or aggravated in a duty status.

## **2-5. Approval authority for claims exceeding the 6-month statutory limit**

The Secretary of the Army delegates to the Chief, National Guard Bureau (CNGB), the authority to continue the payment of benefits paid under 37 USC 204(g) and 204(h) for more than 6 months to incapacitated members of the ARNG/ARNGUS. The Secretary of the Army delegates to the Chief, Army Reserve (CAR) the authority to continue the payment of benefits paid under 37 USC 204(g) and 204(h) for more than 6 months to incapacitated members of the USAR. The CAR delegates to the USARC G-1 the authority to continue the payment of benefits paid under 37 USC 204(g) and 204(h) for more than 6 months to incapacitated members of the USAR.

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## **SOLDIER BRIEFING**

### **General**

1. I understand that you recently incurred or aggravated an injury, illness or disease while participating in training as a member of the Reserve components.
2. The purpose of this briefing is to advise you of some of your rights and responsibilities in conjunction with your incapacitation.
3. The objective of your medical treatment is to return you to duty as quickly as possible, consistent with sound professional medical practice.
4. You may have your pay and allowances continued.
5. No Soldier has an automatic entitlement to either medical or dental treatment or to incapacitation pay.
6. Each claim is evaluated on a case-by-case basis to ensure that it complies with law and regulations.
7. Reserve Component Soldiers are entitled to medical treatment in a Government facility or at Government expense if they incur or aggravate an injury in line of duty.
8. There is no entitlement to either medical or dental treatment at Government expense or incapacitation pay after expiration of orders when the injury, illness or disease is determined to have been incurred or aggravated not in the line of duty.
9. Incapacitation pay may not be paid until an interim line of duty determination has been made, and can be subject to termination if the determination is found to be not in the line of duty.
10. You may be entitled to reimbursement for travel expenses associated with your medical treatment, if you travel over 50 miles or 90 minutes from your home of record.
11. Errors or overpayments will be recouped.
12. Soldiers receiving incapacitation pay for loss of military income (Tier 1) will not perform any military duty until a determination of fitness is made by a physician who is authorized by the Government to provide medical treatment. Performing duty while in an unfit status will terminate your entitlement to incapacitation pay.

**Figure 2-1. Sample Format for Soldier Briefing**

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### **Active Duty – More Than 30 Days (if applicable)**

1. If you incur or aggravate an injury, illness, or disease while on active duty for more than 30 days (or traveling directly to or from that duty), your orders may be extended, with your concurrence, until such time as the Army determines that you are able to resume your military duties or your condition cannot be further improved. The extension of your orders will end when the resulting incapacitation cannot be materially improved by further hospitalization or treatment, and the case has been processed and finalized through the disability evaluation system (DES) if you are eligible for disability processing.
2. If you elect not to have your orders extended (incapacitation pay election), you should be aware that you will be giving up important benefits and entitlements such as pay and allowances and continued medical care and benefits for authorized dependents.
3. If you elect to have your orders extended on active duty, you will remain under military control, continue to be subject to the Uniform Code of Military Justice and may not be able to return to the place from which you were ordered to active duty until your orders are terminated.
4. Electing to have your orders extended will not ensure that you will be hospitalized or receive medical treatment near your home.

### **Active Duty – 30 Days or Less (if applicable)**

1. If you are serving under orders specifying a period of 30 days or less and are being treated for an injury, illness, or disease incurred or aggravated in the line of duty while performing duty, with your consent, you can be continued on active duty for a period of more than 30 days while being treated for the injury, illness or disease.
2. Early Release from Active Duty Restrictions. A member on a call or order to active duty specifying a period of 30 days or less who incurs or aggravates an injury, illness, or disease shall not have his or her orders terminated solely because of the injury, illness, or disease, unless requested by the member. Upon release from active duty, the member is entitled to benefits provided by AR 135-381.
3. You may be entitled to continued medical treatment at Government expense and incapacitation pay but only if your injury was incurred or aggravated in the line of duty.
4. If medical treatment is authorized, your entitlement will continue until such time as it is determined that you should be able to resume your military duties or your condition cannot be further improved, whichever occurs first.
5. Entitlement to incapacitation pay is made on a case-by case basis based on the Army's evaluation of your inability to perform military duties or demonstrate a loss of nonmilitary compensation. (The Secretary of the Army or his designee has the authority to exceed the 6-month limitation.)

**Figure 2–1. Sample Format for Soldier Briefing—Continued**

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6. If it is determined that your injury, illness, or disease was incurred or aggravated in the line of duty and you are authorized medical care, it continues; if a “not in the line of duty” determination is made after termination of your orders, your continued entitlement to funded medical care ends and all hospital, surgical, medical, and other health care-related costs become your personal responsibility.
  7. If it is determined that your injury, illness, or disease was incurred or aggravated in the line of duty, you may be entitled to incapacitation pay and, if approved, eligibility begins on the day after your last day of active duty.
  8. If the Army determined that your injury, illness, or disease was not incurred or aggravated in the line of duty, you have no entitlement to incapacitation pay.
  9. Do not perform any military duty (Tier I case) until a determination of fitness is made by a physician authorized by the Government to provide medical treatment.

### **Inactive Duty Training**

1. If you are participating in authorized inactive duty training, with or without pay, and are being treated for injury, illness, or disease incurred or aggravated in the line of duty while performing that duty, you may be retained, with your consent, for a period of more than 30 days while being treated for the injury, illness or disease.
2. You may be entitled to medical treatment at Government expense and incapacitation pay, but only if your injury, illness or disease is incurred or aggravated in the line of duty.
3. If medical treatment is authorized, your entitlement will continue until such time as it is determined that you should be able to resume your military duties, or your condition cannot be further improved, whichever occurs first.
4. Entitlement to incapacitation pay is made on a case-by-case basis based on the Army’s evaluation of your inability to perform military duties or demonstrate a loss of nonmilitary compensation. (The Secretary of the Army or his designee has the authority to exceed the 6-month limitation.)
5. If it is determined that your injury, illness, or disease was incurred or aggravated in the line of duty and you are authorized medical treatment, it may continue; if a “not in line of duty” determination is made after termination of your orders, your continued entitlement to funded medical treatment ends and all hospital, surgical, medical, and other health care related costs becomes your responsibility.
6. If it is determined that your injury, illness, or disease was incurred or aggravated in line of duty, you may be entitled to incapacitation pay. If approved, eligibility begins on the day after your inactive duty injury, illness or disease or on the day after your last day of active duty.

**Figure 2-1. Sample Format for Soldier Briefing—Continued**

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7. If the Army determined that your injury, illness, or disease was incurred or aggravated not in line of duty, you have no entitlement to incapacitation pay.

8. Do not perform any military duty (Tier I case) until a determination of fitness is made by a physician who is authorized by the Government to provide medical treatment.

I have read or have had read to me the above briefing and understand my rights, and responsibilities concerning my injury or disease condition.

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*(Soldier signature)*  
(Printed Soldier's Name, Rank and Date)

I have provided a copy of or read the above briefing to the Soldier whose signature appears above.

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*(Signature of commander  
or designated representative)*  
(Printed Official's Name, Rank, Duty Position and Date)

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Figure 2-1. Sample Format for Soldier Briefing—Continued

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<b>INCAPACITATION PAY MONTHLY CLAIM FORM</b> For use of this form, see DA PAM 135-381; the proponent agency is DCS, G-1															
<b>PRIVACY ACT STATEMENT</b>															
<b>AUTHORITY:</b>	10 U.S.C 3013, Secretary of the Army; 37 U.S.C. 204, Entitlement, AR 135-381, Incapacitation of Reserve Component of Soldiers and EO 9397 (SSN)														
<b>PRINCIPAL PURPOSE:</b>	This information will be used to determine eligibility for incapacitation pay.														
<b>ROUTINE USES:</b>	None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.														
<b>DISCLOSURE:</b>	Voluntary. However, failure to provide all the requested information may delay or prevent the payment of compensation.														
<b>SECTION I - CLAIM STATEMENT</b> (Completed by Soldier - PLEASE PRINT)															
1. LAST NAME Jones	2. FIRST NAME Jim	3. MIDDLE INITIAL J.	4. SSN 111-11-1111												
5. GRADE E-7	6. DUTY MOS/AOC 663B40	7. UNIT OF ASSIGNMENT Trans, 89th RRC	8. UNIT PHONE NUMBER (111) 111-1111												
9. DATE OF INJURY/ ILLNESS/DISEASE (YYYYMMDD) 20010425		10. MO/YR OF CLAIM 0405													
11. EXACT DATES OF INCAPACITATION (DAYS I WAS UNABLE TO WORK DURING THIS CALENDAR MONTH):															
a. FROM (YYYYMMDD) 20050425		b. TO (YYYYMMDD) 20050530													
12. I verify that during the claim period indicated in block 11, I lost the following amount of income due to the injury/illness/disease incurred or aggravated on the date noted in block 9: \$ 500.00															
13. During the claim period identified in Block 11, I received the following non-military income from other sources (including all wages, salaries, tips, income protection plans, vacation or sick pay, unemployment compensation, if NONE, so state). Attach copies of pay stubs or other documentation reflecting total amount(s) received \$ 250.00															
14a. I was employed (civilian job) on date of injury/illness/disease indicate in block 9:  (If NO, skip to block 17 and include copy of previous year's W-2 or federal income tax forms with claim; if YES, complete blocks 15 and 16)  b. I was covered by an Income Protection Plan and elected to use it: (Check one)  c. I am receiving VA Disability Compensation: (Check one)  d. I am receiving Supplemental Income from an Income Protection Plan. (Check one)  e. I am receiving Social Security. (Check one)			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </tbody> </table>	YES	NO										
YES	NO														
15. NAME OF CIVILIAN COMPANY/EMPLOYER (To include self employment)  Giant Food Company		16. STREET ADDRESS/CITY/STATE/ZIP  200 Sugarloaf, Road Landover, Maryland 22222-333													
17. "As the individual making this claim, I understand that I am responsible for the accuracy of the information in Section I and Section II, and that any false statements or omissions in connection with this claim may subject me to prosecution and possible fines and/or imprisonment."															
a. SOLDIER'S SIGNATURE  <i>Jim L. Jones</i>		b. DATE (YYYYMMDD) 20050430													
<b>SECTION II - EMPLOYER'S VERIFICATION</b>															
18. EMPLOYER 1															
a. I verify that the above-named reserve Soldier is a (check one) current <input checked="" type="checkbox"/> former <input type="checkbox"/> employee of this company/organization and that he/she was not able to work during the dates shown in block 11.															
b. Had this individual been able to work during the dates identified in block 11, he/she would have earned: \$ 500.00															
c. The individual named above is covered by an employee Income Protection Plan. YES <input type="checkbox"/> NO <input type="checkbox"/> (amount lost)															
(If YES, and he/she elected to use it, indicate amount received from this plan): \$															

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Figure 2-2. Incapacitation Pay Monthly Claim Form



LAST NAME Jones	FIRST NAME Jim	MIDDLE INITIAL J.	SSN 111-11-1111
<b>SECTION II - EMPLOYER'S VERIFICATION (Continued)</b>			
d. I understand that this information is being used by the claimant as the basis of a claim against the United States government. I further understand that knowingly and willfully assisting a claimant making a false claim or false statement in connection with a claim is a criminal offense under Federal and State laws which may subject the parties to a substantial fine and/or lengthy imprisonment.			
e. EMPLOYER'S REPRESENTATIVE (Name, title, business address) Richard VanDyke (Asst Manager) 200 Sugarloaf Rd, Landover, MD 22222-3333	f. PHONE NUMBER (111) 111-1111	h. EMAIL ADDRESS vandyke@444trn.army.mil	
	g. FAX NUMBER (111) 111-1111	i. SIGNATURE/DATE <i>Richard VanDyke 20050422</i>	
19. EMPLOYER 2 (If applicable)			
a. I verify that the above-named reserve Soldier is a (check one) current <input type="checkbox"/> former <input type="checkbox"/> employee of this company/organization and that he/she was not able to work during the dates listed in block 11 of this form.			
b. Had this individual been able to work during the dates above, he/she would have earned: \$ <u>N/A</u> (amount lost)			
c. Is the individual named above covered by an employee Income Protection Plan? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
(If YES, and elected to use it, indicate amount he/she received from this plan): \$ _____			
d. I understand that this information is being used by the claimant as the basis of a claim against the United States government. I further understand that knowingly and willfully assisting a claimant making a false claim or statement in connection with a claim is a criminal offense under Federal and State laws which may subject the parties to a substantial fine and/or lengthy imprisonment.			
e. EMPLOYER'S REPRESENTATIVE (Name, title, business address)	f. PHONE NUMBER	h. EMAIL ADDRESS	
	g. FAX NUMBER	i. SIGNATURE	
<b>SECTION III - COMMANDER'S VERIFICATION</b>			
20. UNIT OF ASSIGNMENT Transportation Company, 89th RRC		21. UNIT ADDRESS (CITY, STATE, ZIP CODE) Odenton, Maryland 21333-3000	
22. AC WN44T0		23. SOLDIER'S DUTY MOS/AOC Motor Sergeant; 63B30	
24. SUPPORTING MILITARY MEDICAL TREATMENT FACILITY OR COMMAND AND ADDRESS Walter Reed Army Hospital Washington, D.C. 20005-0001			
25. DETERMINED UNFIT FOR MILITARY DUTY: I, <u>SFC Jim Jones</u> (Soldier's Name), have not performed or been paid for duty after being determined unfit to perform military duty. <i>Jim J. Jones</i> (Soldier's Signature).			
26. COMMANDER'S NAME/RANK/SIGNATURE/DATE Henry Ford, LTC, 20050430 <i>Henry Ford</i>		<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL (See Attached)	
27. I have reviewed the approved line of duty investigation (IAW AR 600-8-4) which is attached (Commander's Initials): HF			
<b>SECTION IV - REVIEW / APPROVAL</b>			
28. STARC/USARC/RRC/MSC 89th RRC	29. POINT OF CONTACT (Name, title, email address, Fax number) John H. Smith Chief Special Actions smith@89trn.army.mil FAX: (111) 111-1111		30. PHONE NUMBER (111) 111-1111
31. APPROVED <input checked="" type="checkbox"/> DISAPPROVED <input type="checkbox"/>	32. NAME/RANK/TITLE/SIGNATURE/DATE (Approving Authority) Greg Crawford, COL, CDR 20050430 <i>Greg Crawford</i>		
33. REMARKS			

Figure 2-2. Incapacitation Pay Monthly Claim Form—Continued

# **INCAPACITATION PAY MONTHLY CLAIM FORM INSTRUCTION SHEET**

## **SECTION I - CLAIM STATEMENT**

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Rank -PVT, SPC, SGT, 1LT, CW2, CPT, COL
6. Duty MOS/AOC - 91B, 13B, 42D/66H, 70B.
7. Self-explanatory.
8. Self-explanatory.
9. Date of Injury/Illness/Disease (YYYYMMDD).
10. Month/Year of Claim (MM/YY or Claim) - 11/98, 12/98 or 03/00.
11. Exact Dates of Incapacitation - Do not cross calendar months when completing this form. This first date of incapacitation will be the date the government physician determines the Soldier unfit for military duty or demonstrates a loss of nonmilitary income. Subsequent the Incapacitation Pay Monthly Claim Form will reflect the entire month, i.e., 1 Sep 99 to 30 Sep 99 or 1 Oct 99 to 31 Oct 99 or the end of the incapacitation claim.
12. Amount of income, from civilian job, which you would have earned if you had not been injured. This must be during the claim period indicated on the Incapacitation Pay Monthly Claim Form. NOTE: Full months of incapacitation pay and allowances are based on a calculation of 30 days per month, regardless of the actual days per month.
13. Amount of income from other sources that you received during the incapacitation period reflected in Block II.
- 14.a. Indicate whether you were employed (check Yes) or unemployed (check No).
- 14.b. Self-explanatory.
14. c. You must indicate whether or not you are receiving VA Disability Compensation for the same condition. If you are, the amount of the compensation will be deducted from your incapacitation entitlements.
14. d. Indicate whether receiving Supplemental Income from an Income Protection Plan. If you are, that amount will be deducted.
14. e. Indicate whether receiving Social Security. If you are, that amount will be deducted.

15. Self-explanatory.
16. Self-explanatory.
17. Your signature indicates all previous statements are true and accurate and that you may be subject to prosecution for making false claims.

## **SECTION II - EMPLOYER'S VERIFICATION**

18. EMPLOYER 1
  - a. Self-explanatory.
  - b. Amount this employee would have earned if he/she were able to work.
  - c. Self-explanatory.
  - d. Self-explanatory.
  - e. f., g., h., i. Self-explanatory.
19. EMPLOYER 2
  - a., b., c., d., e., f., g., h., i. Same as 18.a THRU e above.

## **SECTION III - COMMANDER'S VERIFICATION**

20. Self-explanatory.
21. Self-explanatory.
22. Unit Identification code (UIC).
23. Same as block 6.
24. Self-explanatory.
25. Self-explanatory.
26. Self-explanatory.
27. Commander's Initials.

## **SECTION IV - REVIEW/APPROVAL**

28. Higher headquarters or approving authority (STARC/USARC/RRC/MSC).
29. Point of contact within STARC/USARC/RRC/MSC.
30. Self-explanatory.
31. Self-explanatory.
32. Self-explanatory.
33. Self-explanatory.

**Figure 2-2. Incapacitation Pay Monthly Claim Form—Continued**

<b>MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S INCAPACITATION / FITNESS FOR DUTY</b> <small>For use of this form, see DA PAM 135-381; the proponent agency is DCS, G-1</small>			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b>	5 U.S.C. 301, Department Regulations, 10 U.S.C 3013, Secretary of the Army; 37 U.S.C. 204, Entitlement, AR 135-381, Incapacitation of Reserve Component of Soldiers and EO 9397 (SSM)		
<b>PRINCIPAL PURPOSE:</b>	This information will be used for the physician to verify eligibility for military duties.		
<b>ROUTINE USES:</b>	None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.		
<b>DISCLOSURE:</b>	Voluntary. However, failure to provide all the requested information may delay or prevent the payment of compensation..		
<b>SOLDIER IDENTIFICATION (Completed by Soldier - PLEASE PRINT)</b>			
1. LAST NAME Jones	2. FIRST NAME Jim	3. MI J.	
4. SSN 111-11-111	5. RANK SFC	6. DUTY MOS/AOC 63B40	
7. CIVILIAN JOB TITLE (S) (include copy of job description) Giant Food Distribution Manager			
<b>INCAPACITATION/FITNESS FOR DUTY VERIFICATION</b>			
8. INCAPACITATION FOR MILITARY DUTIES: (Must be completed by U.S. government/military physician)			
a. On <u>20050420</u> , I examined the above-named Reserve Component Soldier and found that he/she: (Check One) (enter date YYYYMMDD)			
b. <input checked="" type="checkbox"/> IS NOT FIT to perform military duties from <u>20050425</u> to <u>20050724</u> (Date - YYYYMMDD) (Date - YYYYMMDD)			
c. <input type="checkbox"/> IS FIT to perform military duties.			
(Check One)			
d. <input checked="" type="checkbox"/> MEB <input type="checkbox"/> PEB initiated on <u>20050630</u> (provide supporting documentation). (Date - YYYYMMDD)			
9. INCAPACITATION FOR CIVILIAN JOB: (Must be completed by any licensed physician)			
a. On <u>20050420</u> , I examined the above-named Reserve Component Soldier and found that he/she: (enter date YYYYMMDD)			
(Check One)			
b. <input checked="" type="checkbox"/> IS NOT FIT to perform military duties from <u>20050425</u> to <u>20050724</u> (Date - YYYYMMDD) (Date - YYYYMMDD)			
c. <input type="checkbox"/> IS FIT to perform military duties.			
10. GOVERNMENT PHYSICIAN'S VERIFICATION			
a. DIAGNOSIS AND PROGNOSIS (Please Print) Chronic Patellar Tendonitis in right knee Prognosis: Fair to poor Referred to MEB			
b. SOLDIER'S NEXT MEDICAL APPOINTMENT IS ON OR ABOUT: 20050715		c. NAME OF GOVERNMENT/MILITARY TREATMENT FACILITY AND ADDRESS Walter Reed Army Hospital	
d. PHYSICIAN'S NAME Jane G. Myer	e. RANK COL	f. DAY-TIME PHONE NUMBER (222) 222-2222	g. FAX NUMBER (222) 222-2221
h. PHYSICIAN'S SIGNATURE <i>Jane G. Myer</i>		i. DATE (YYYYMMDD) 20050420	

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Figure 2-3. Military Physician's Statement of Soldier's Incapacitation/Fitness for Duty

**MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S  
INCAPACITATION/FITNESS FOR DUTY  
INSTRUCTION SHEET**

**SOLDIER IDENTIFICATION**

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Rank -PVT, SPC, SSG, MSG, CW2, 2LT, CPT, LTC.
6. Duty MOS/AOC - 75B, 76C, 71L/66H, 70B.
7. Civilian Job Title - Your civilian job occupation with job description.

**INCAPACITATION/FITNESS FOR DUTY  
VERIFICATION**

**8. INCAPACITATION FOR MILITARY DUTIES.**

a. The date of the examination by military physician to determine fitness for duty (*year, month, day*). Fitness for duty will be determined IAW AR 40-501.

b. Check appropriate box and complete date\* if applicable.

\*Length of time indicating fitness for duty cannot exceed 90 days on this form. Subsequent forms must be used for each additional period of incapacitation.

c. Check appropriate box if applicable.

d. Check appropriate box and complete date if applicable.

**9. INCAPACITATION FOR CIVILIAN JOB.**

a. The date of the examination by any licensed physician to determine fitness for civilian job (*year, month, day*).

b. Check appropriate box, complete date if applicable.

c. Check appropriate box if applicable.

**10. MILITARY PHYSICIAN'S VERIFICATION AND NEXT  
APPOINTMENT.**

a. The attending physician will enter the diagnosis and prognosis.

b. Date of next follow-up appointment.

c. Name of the military hospital where treatment is received.

d. Name of attending physician.

e. Rank of attending physician, i.e. CPT, LTC, COL.

f. Daytime phone number of physician.

g. Fax Number for attending physician.

h. Signature of attending physician (*see note \**).

i. The date the form was signed by the attending physician (*year, month, day*).

\*Personnel authorized to sign as a physician are as follows:

(a) Licensed government physician/military physician (*Active Army or reserve*) assigned to the U.S. Army or other military service.

(b) Reserve commissioned officers that are licensed physicians who are employed by the Veterans Affairs (VA) as physicians.

(c) Non-military physicians employed by military services other than the U.S. Army. (*Physicians employed by the Department of Veterans Affairs (VA), TRICARE Prime Remote or military medical support office (MMSO)*).

## SOLDIER'S ACKNOWLEDGEMENT OF INCAPACITATION PAY COUNSELING

For use of this form, see DA PAM 135-381; the proponent agency is DCS, G-1.

(TO BE COMPLETED BY SOLDIER AND WITNESSED BY COMMANDER (See NOTE below))

I, Jim J. Jones, SFC request incapacitation pay. I fully understand and agree to the following:  
(Printed name and rank)

1. That this claim for incapacitation pay cannot be processed if proper documentation is not provided by me.
2. Any payments may be reduced by reportable earned income received from any other source.
3. That I may have to repay any monies received if a later determination is made that I was not entitled to them.
4. That if I am determined unfit for military duty, I WILL NOT perform Inactive Duty Training (*drills*) or Annual Training or any other form of active duty during the period of time I am drawing incapacitation pay. This may result in my not earning a qualifying (*good*) year for retirement purposes. My unit will assist me if requested for other ways to earn points.
5. That I must receive written or verbal authorization from a military medical facility or authorized government representative BEFORE obtaining medical treatment from any civilian source or that I will be personally responsible for any charges incurred.
6. That I must submit to all medical treatment and report for medical fitness examinations and that failure to do so can result in termination or a deduction of incapacitation pay. It is my responsibility to provide all medical documentation to my unit following medical appointments associated with my injury/illness/disease. Failure to submit all medical treatment documentation including reporting for medical examinations, Physical Therapy or follow up appointments will cause a delay or cancellation of my extension of incapacitation pay.
7. That in signing this form I hereby voluntarily grant permission, in relevant part IAW the Privacy Act, 37 USC § 204 and 10 USC § 3013 to provide the government with information regarding my nonmilitary "earned income" and employment status and all medical information related to the injury, illness, or disease identified above for the purpose of substantiating the claim. I recognize that failure to provide this information will result in no payment being made.

### AS THE INDIVIDUAL MAKING THE CLAIM, I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED.

*I understand that failure to fulfill the above requirements may result in termination of my entitlements to pay and allowances and medical care for this disability. In relevant part, the maximum penalty for knowingly making a false claim is imprisonment for 5 years and a fine. (18 USC § 287)*

SOLDIER'S SIGNATURE/DATE: Jim J. Jones 20050420

WITNESSED BY: Henry Ford 20050420  
(COMMANDER'S PRINTED NAME, RANK, SIGNATURE AND DATE)

(NOTE: Commander must witness and sign. At STARC/USARC/RR/MS/UNIT level, the commander or individuals with "FOR THE COMMANDER" signature authority may sign.)

**DA Form 7574-2 must be completed and submitted with initial Incapacitation Pay Monthly Claim Form (DA Form 7574)**

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Figure 2-4. Soldier's Acknowledgement of Incapacitation Pay Counseling

## Chapter 3

### Incapacitation Review Board Procedures

#### 3-1. General

Each State headquarters of the Army National Guard, designated USAR command and control headquarters, HRC-St. Louis, and USARC G-1 will establish an incapacitation review board (hereinafter referred to as the board).

*a. Establishment of boards for USAR unit Soldiers.* The following commanders will convene incapacitation review boards for USAR TPU Soldiers in their respective areas of geographic responsibility. This authority will not be further delegated. The commanders are—

- (1) Each Regional Readiness Command (RRC) commander.
- (2) Commander, U.S. Army Europe and Seventh U.S. Army.
- (3) Command General, U.S. Army Pacific Command (USARPAC).

*b. Establishment of the board for the Individual Ready Reserve (IRR) and Individual Mobilization Augmentee (IMA) Soldiers.* The Commander, USA HRC-St. Louis, will establish an incapacitation review board to review all IRR and IMA cases.

*c. Establishment of ARNG boards.* Each State headquarters of the ARNG will establish an incapacitation review board.

#### 3-2. Board purpose

The purpose of the board is to—

*a.* Protect the Soldiers rights by ensuring that medical benefits and incapacitation pay are provided to Soldiers eligible to receive such benefits under law and as prescribed by DOD and Army regulations.

*b.* Protect the interests of the Government through controlling costs and eliminating fraud, waste, and abuse by Soldiers receiving unauthorized medical care and improper incapacitation payments.

*c.* Review each incapacitation pay case monthly and recommend that benefits be continued or terminated consistent with entitlement under governing law and regulation.

*d.* Report directly to the Commander on the status of the incapacitation of RC personnel actions in their command. Make recommendations to enhance the incapacitation system.

*e.* Provide uniformity and consistency in the administration of incapacitation pay worldwide.

*f.* Ensure continuity and unanimity of effort among medical personnel, Finance and Accounting Office (FAO), commanders, installations, U.S. Army Physical Disability Agency (USAPDA), and Soldiers.

*g.* Investigate and take appropriate action on requests from Soldiers who believe they have been improperly denied due process.

*h.* Make determinations concerning a Soldier's loss of nonmilitary income.

*i.* Determine if termination of entitlement to incapacitation pay and allowances is warranted. A formal review by the incapacitation review board is required to determine the facts and circumstances of each individual case involving missed medical appointments or disregarded doctor's orders not to perform military duties or attend training.

#### 3-3. Membership

Each board must consist of a minimum of three voting members, a recorder, and other advisory personnel, if available:

*a.* A commissioned officer in the rank of major (04) or above to serve as president (may not be an officer of the Army Medical Corps or Judge Advocate Generals Corps).

*b.* A commissioned officer of the Army Medical Corps.

*c.* Other voting members (military or civilian) as determined by the commander.

*d.* A commissioned officer of the Judge Advocate Generals Corps to serve as legal advisor (nonvoting member).

*e.* A recorder (nonvoting member).

#### 3-4. Frequency

Incapacitation review boards are required to meet a minimum of once a quarter as long as a case is open.

#### 3-5. Documents to be considered by the board

*a.* The following documents will be considered by the board in every case:

(1) Line of duty investigation completed in accordance with AR 600-8-4.

(2) Medical evaluations.

(3) Medical records (including DA Form 3349, dated February 2004 or thereafter, (Physical Profile).

(4) Incapacitation Pay Monthly Claim Form (DA Form 7574).

- (5) Statements and documentation submitted by the Soldier.
- (6) U.S. Army Accident Report, DA Form 285.
- (7) Previous findings of the board, if applicable.
- b. The following documents may be considered by the board as appropriate:
  - (1) Training schedule.
  - (2) DA Form 1379.
  - (3) DA Form 1380.
  - (4) Annual training (AT), temporary tour of active duty (TTAD), active duty (AD), active duty for training (ADT), initial active duty for training (IADT), active duty for special work (ADSW), or full-time National Guard duty (FTNGD) orders, and all amendments thereto pertaining to the case being reviewed.
  - (5) Record of incapacitation payments.
  - (6) Documentation to support loss of nonmilitary compensation, if applicable.
  - (7) In completing the memorandum for record at figure 3–1, ensure that the following information is included in the appropriate blocks:
    - (a) Item 8. Indicate IDT (inactive duty training) or AD for 30 days or less (including AT) or AD for more than 30 days. Show if travel is to or from place of duty.
    - (b) Item 9. Indicate injury, illness or disease.
    - (c) Item 10. Indicate if incapacitation was service aggravated by listing “yes” or “no.”
    - (d) Item 11. Indicate “yes” or “no” if LD is approved.
    - (e) Item 12. Indicate when the injury or aggravation occurred.
    - (f) Item 13. Check “yes” or “no” if the Soldier is entitled to medical treatment at Government expense.
    - (g) Item 14. List if the Soldier is entitled to incapacitation pay and allowances by a “yes” or “no.”
    - (h) Item 15. Indicate by a “yes” or “no” if extension orders are authorized.

### **3–6. Board files**

Boards will establish and maintain a file on each incapacitation case reviewed. The appointing authority in paragraph 3–1 will maintain this file for a minimum period of 1 year after entitlement terminates. In addition to the documents listed in paragraph 3–5, a written report of the boards minutes will be maintained in this file, together with any correspondence pertaining to the case. Files will be retired rather than destroyed per AR 25–400–2.

### **3–7. Submission of documents to the board**

Commanders will submit documentation specified in paragraph 3–5 directly to the board. Information copies may be provided to intermediate headquarters. This direct submission requirement will not be modified by command and control headquarters.

### **3–8. Loss of nonmilitary earned income**

The board must carefully review the facts and supporting documentation provided by the Soldier that satisfactorily demonstrate the loss of nonmilitary earned income. Details are contained in AR 135–381.

### **3–9. Statements from civilian physicians, surgeons, and other health care providers**

Statements submitted by Soldiers or commanders from non-Government health care providers concerning a case are acceptable and often useful. However, all cases are subject to review by Government medical personnel. With regard to a Soldier’s inability to perform military duties, the opinion of Government medical personnel will govern.

### **3–10. Reporting board results**

The board will provide a report each month in writing directly to the Commander, advising him or her of the status of the incapacitation cases within the command. When the board is the determining authority for authorization, continuation, or denial of incapacitation pay, formats shown at figures 3–2, 3–3, 3–4, and 3–5 will be used to advise the FAO of the status. Figure 3–6 is a sample affidavit for a member whose injury, illness, or disease was not incurred or aggravated in the line of duty. In completing figure 3–2, ensure that the necessary information as indicated in paragraph two is completed accurately. In paragraph three, specify if the incapacitation was an illness, injury, or disease and if it was incurred or aggravated. Indicate if the incapacitation occurred while performing or traveling to or from one of the following: AD, ADT, TTAD, AT, ADSW, or IDT. Indicate if an AD or IDT order is attached. Also, indicate if the DA Form 1379 or DA Form 1380 is attached. In paragraph 4, list who initiated the LD. In completing figure 3–5, ensure that paragraph one contains one of the following: medical treatment, incapacitation pay, or disability benefits.

### **3–11. Limits on payment of incapacitation pay**

a. The board will review all requests for extension of incapacitation pay beyond the 6-month statutory limit before the request is forwarded to the approving authority.

*b.* Review each case in which the Soldier is projected to remain incapacitated for more than 6 months to determine if it is in the interest of fairness and equity to continue benefits paid and to determine if the case should be referred to the DES. A review will be made every 6 months.

*c.* After a Soldier has received incapacitation pay for a period of 1 year, the board should direct an evaluation (unless already accomplished), by a military MTF, of the Soldier's suitability for retention.

*d.* A Soldier who remains not fit to perform military duty 1 year after the initial date when the injury, illness, or disease was first incurred or aggravated shall be referred to the DES if the member is not projected to be fit for duty within the next 6 months.

*e.* The board will direct termination of incapacitation pay when review of a case leads to a determination that incapacitation pay is not authorized or warranted and will not forward further requests for approval of extension of incapacitation pay. Incapacitation pay will be terminated when—

(1) The Soldier is qualified to return to military duty.

(2) The Soldier's condition cannot be improved with further treatment and the case has been processed and finalized through the DES.

*f.* Figure 3–7 shows a sample commander's request to exceed the 180 day incapacitation pay limit.

### **3–12. Appeals**

*a.* Appeals of the incapacitation review board decisions will be forwarded as follows:

(1) Chief, NGB, ATTN: NGB-ARP-DA, Arlington, VA 22204 for all ARNG boards.

(2) DCS, G–1, (DAPE-MPE-PR), 300 Army Pentagon, Washington, DC 20310 for all USAR boards.

(3) Questionable cases or cases requiring policy guidance should be referred through command channels with a recommendation to DCS, G–1, (DAPE-PRC) Washington, DC 20310 for review and policy guidance.

*b.* Appeals may be made by a Soldier or his or her legal representative.

### **3–13. Mandatory review of cases**

Commanders authorized to establish boards (para 3–1, above) will forward incapacitation pay cases for mandatory review as follows:

*a.* For the annual review, after a Soldier has received incapacitation pay for 1 year (where authorized by law), reviews will be made by the following:

(1) *USARC G–1 (AFRC-PRS-M)*. These are U.S. Army Reserve (TPU, IRR, and IMA) cases.

(2) *NGB (NGB-ARP-DA)*. These are Army National Guard cases.

*b.* For the subsequent review, any cases in which a Soldier receives incapacitation pay for 2 years or more (where authorized by law) will be reviewed by DCS, G–1, (DAPE-MPE-PR).

*c.* NGB, USA HRC-St. Louis, and USARC, G–1 will forward the documents listed in paragraph 3–5, together with a brief summary of action taken in the case, and reasons for the extended period of payments.

*d.* All incapacitation pay cases involving a general officer (regardless of duration) will be reviewed by USARC, G–1 or NGB as appropriate.

*e.* DCS, G–1, (DAPE-PRC) will be provided a copy of the approval notice for payment of pay and allowances in excess of 24 months.

### **3–14. Line of duty investigations**

Ensure an LDI is conducted expeditiously on injury or illness likely to result in a claim against the Government for health care, compensation, or disability benefits. Medical treatment facilities (MTFs) normally notify the commander of a Soldier's injury or illness. However, the commander must assume this responsibility when Soldiers are taken to or treated in civilian health care facilities or when service medical personnel are unaware of the requirement to initiate LDI for Soldiers. Refer to AR 600-8-4 for further details on LDI initiation and completion.



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(LETTERHEAD)

(OFFICE SYMBOL)

(DATE)

MEMORANDUM FOR RECORD

SUBJECT: Incapacitation Review Board Initial Entitlement Review

1. Name: John Wayne
2. Rank: MSG
3. SSN: 111-11-1111
4. Unit: XXXXXXXXXXX
5. Location: Fort Hood, Texas
6. Unit Telephone: XXX-XXX-XXX
7. Major Command: XXXXXX
8. Status at time of incapacitation: AD of 30 days or less (including AT).
9. Cause of incapacitation: Injury.
10. Service aggravation: Yes.
11. Line of duty determination approved: Yes     Date: 19 June 2005
12. Date of injury/disease: 14 May 2005.
13. Entitlement to health care at Government expense: Yes

*Note: Not eligible for entitlement unless a finding of service-connected aggravation is made for EPTS conditions.*

*Note: No entitlement for injury is allowed if not in IDT, AT, ADT, TTAD, or AD status as listed in paragraph 8 above. No entitlement after date of not in line of duty finding, regardless of status. Entitlement during travel time for AD of 30 days or less will be per guidance contained*

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**Figure 3–1. Sample Memorandum of Initial Review**

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*in the DOD 7000.14-R, DOD FMR, volume 7A, chapter 57. Which table applies depends on when the injury, illness, or disease was incurred or aggravated.*

14. Entitlement to incapacitation pay: Yes

*Note: No entitlement for injury while the Soldier is not in a status listed in paragraph 8 above. No entitlement until in line of duty determination is made. A maximum of 180 days of incapacitation pay may be paid (unless authorized an exception in writing, in relevant part, by the Secretary of the Army or his designee. Entitlement during travel time for AD of 30 days or less will be per the DOD 7000.14-R, DOD FMR, volume 7A, chapter 57. Which table applies depends on when the injury, illness, or disease was incurred or aggravated.*

15. Extension of orders: Yes.

*Note: With the consent of the Soldier, an RC member can be ordered to active duty for treatment of an injury, illness, or disease incurred or aggravated in the line of duty while performing IDT. In addition, an RC member can now be continued on active duty for a period of more than 30 days while being treated for an injury, illness, or disease incurred or aggravated during a period of active duty of 30 days or less, and is entitled to the same medical and dental treatment as a member on extended active duty.*

(SIGNATURE BLOCK)

Figure 3–1. Sample Memorandum of Initial Review—Continued

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**(LETTERHEAD)**

(OFFICE SYMBOL)

(DATE)

USAR Pay Center

Fort McCoy, WI 54656-5122

SUBJECT: Initial Authorization for Payment of Incapacitation Pay

1. Reference: AR 135-381.

2. Request payment of incapacitation pay:

a. Name: Roy Rogers

b. Rank: CPT

c. SSN: 111-11-1111

d. Unit of assignment: Postal Company

e. Unit location: Indianapolis, IN

f. Unit telephone: 222-222-2222

g. Soldier's address: 123 Cowboy Road, French Lick, IN 222333

h. Soldier's daytime telephone: 111-111-1111

3. This Soldier incurred an injury on 13 August 2005 at 1530 hours while performing AD at Fort Benjamin Harrison, IN. A copy of the AD orders and DA Form 1380 are attached.

4. A line of duty investigation was initiated and approved (enclosed).

**Figure 3-2. Sample Format for Initial Authorization for Payment of Incapacitation Pay (TPU Soldiers)**

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5. This request has been reviewed at this headquarters and has been found to meet the criteria established for payment in the above cited reference and in law.

6. Recommend incapacitation pay be paid for the period (dates), inclusive. This letter certifies that the above named Soldier has been unable to perform military duties/satisfactorily and has demonstrated the loss of nonmilitary earned income. This certification does not exceed the statutory limit of a maximum of 180 days incapacitation pay.

GEORGE W. BURNS

Colonel, IN

Commanding

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Figure 3–2. Sample Format for Initial Authorization for Payment of Incapacitation Pay (TPU Soldiers)—Continued

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**(LETTERHEAD)**

(OFFICE SYMBOL)

(DATE)

MEMORANDUM FOR Commander, Human Resources Command-St Louis

Office of the Surgeon, ATTN: (AHRC-SG), 1 Reserve Way, St Louis, MO 63132-5200

SUBJECT: Initial Authorization for Payment of Incapacitation Pay

1. Reference DOD 7000.14R, DOD Financial Management Regulation, chapter 57, paragraph 57064.
2. Request payment of incapacitation pay:
  - a. Name/Rank/SSN: Crawford, Gregory L., MAJ, 111-11-1111
  - b. Unit: USA HRC-St. Louis
  - c. Address: 1 Reserve Way, St. Louis, MO 63132-5200
  - d. Soldier's daytime telephone: (222)-222-2222
3. This Soldier incurred or aggravated an injury, illness, or disease while performing duties under USA HRC-St. Louis order T-XX-XXXXXXX and amendment T-XX-XXXXXXA01; orders are at enclosure 1.
4. The Line of Duty Investigation was initiated on 6 November 2005 and completed on 10 November 2005, a copy is at enclosure 2.
5. Physician's incapacitation document is provided at enclosure 3.
6. This request meets the criteria established in the above cited reference and in the law.

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**Figure 3-3. Sample Format for Initial Authorization for Payment of Incapacitation Pay (IMA/IRR Soldiers)**

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7. Recommend the claim be paid for the period 6 November 2005 - 31 December 2005, inclusively (56 days). This memorandum certifies that he has been unable to perform his military duties. All necessary pay documents are at enclosure 4.
  8. This approval does not authorize payment of incapacitation pay beyond the statutory 180-day limit.

WILLIAM M. BOTKIN  
Colonel, MC  
Command Surgeon

Encls.

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Figure 3–3. Sample Format for Initial Authorization for Payment of Incapacitation Pay (IMA/IRR Soldiers)—Continued

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**(LETTERHEAD)**

OFFICE SYMBOL

(DATE)

MEMORANDUM FOR Human Resources Command-St Louis, Office of the Surgeon, ATTN:  
(AHRC-SG), 1 Reserve Way, St Louis, MO 63132-5200

SUBJECT: Request for continuation of incapacitation pay

1. References:

- a. AR 135-381 and DOD 7000.14R, DOD Financial Management Regulation.
- b. Memorandum, this headquarters, 18 May 2005, subject: Authorization for Payment of Incapacitation Pay.

2. Request continuation of incapacitation pay (encl 1) for:

- a. Name: Roy Rogers.
- b. Rank: CPT
- c. SSN: 111-11-1111.

3. This request has been reviewed and found to meet the criteria for payment established in the above cited reference 1a and in law.

4. CPT Rogers continues to be unable to perform military duties and to demonstrate the loss of

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**Figure 3-4. Sample Format for G-1 Request for Continuation of Incapacitation Pay**

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nonmilitary earned income during the period 11 May 2005 through 31 August 2005.

5. The injury was found to have occurred in line of duty. A copy of the approved line of duty investigation report was forwarded to your office as an enclosure to reference 1b above.

6. Recommend incapacitation pay for the period 11 May 2005 through 31 August 2005 inclusive.

FOR THE SECRETARY OF THE ARMY:

MARY SMITH  
as Colonel, AG  
Chief, Personnel Division

Figure 3–4. Sample Format for G-1 Request for Continuation of Incapacitation Pay—Continued

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**(LETTERHEAD)**

(OFFICE SYMBOL)

(DATE)

MEMORANDUM THRU Commander, Engineer Detachment, Waco, Texas 76703-0021

FOR: SPC James J. Jones, El Paso, Texas 79940

SUBJECT: Denial of Incapacitation Pay

1. Your application for incapacitation pay does not meet the criteria established in law and regulation for entitlement; therefore, it has been denied.
  
2. Provide specific information concerning denial of benefits. (Examples may include: not incurred in the line of duty, not incurred or aggravated while in a duty or travel status, determined fit for military duties, did not satisfactorily demonstrate the loss of nonmilitary earned income, or exceeds 180 day limitation for payment.)
  
3. You have the right to request a reconsideration of this case. You should submit your request within 30 days of receipt of this letter, together with any additional substantiating statements or documentation. Further appeal may be directed to Chief, National Guard Bureau, ATTN: NGB-ARP-DA, Arlington, VA 22204; or HQDA, Deputy Chief of Staff, G-1, ATTN: DAPE-MPE-RC, Washington, D.C. 20310. (See para 3-15 for proper appeal review authority.)

FOR THE COMMANDER:

GEORGE G. BURNS  
Colonel, IN  
President, Incapacitation Review Board

*Note: USARC G-1 will correspond directly with the Soldier.*

**Figure 3-5. Sample Format for Denial of Incapacitation Pay by the Incapacitation Review Board**

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**Affidavit for a Member Whose Injury, Illness or Disease was not Incurred or Aggravated  
in the Line of Duty**

I, *(member's name)*, on *(date)*, at *(time, place)*, was advised that because the injury, illness or disease for which I am presently hospitalized was not incurred or aggravated in line of duty, I will not be entitled to receive medical treatment at Army expense once I complete my tour of active duty, as specified in my orders. I understand that upon release from active duty, the commander of the medical treatment facility is required to discharge me at the earliest date possible; and if medically required, to transfer me to another source of medical care at my own expense. I understand that if I remain in a military medical treatment facility after my release from active duty, I will be charged at the current patient rate for any treatment provided to me by the military medical treatment facility. Understanding this, I *(do)* *(do not)* wish to continue my hospitalization in the military medical treatment facility beyond my scheduled date of release from active duty.

*(Signature of member)*  
*(Printed name of member)*

*((Member's name) personally appeared before me on (date), at (time, place), and signed the above statement in my presence).*

*(Signature of officer authorized to act as a notary)*  
*(Rank and organization)*  
*(Seal or authority to administer oaths\*)*

\* Adjutants and judge advocates may act as notaries under the authority of Article 136(a), UCMJ. An investigating officer may act as a notary under the authority of Article 136(b), UCMJ, to the extent necessary for the performance of his investigative duties.

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**Figure 3–6. Sample Affidavit for Finding that Illness, Injury, or Disease was not Incurred or Aggravated in the Line of Duty**

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**(LETTERHEAD)**

OFFICE SYMBOL

(DATE)

MEMORANDUM THRU:

COMMANDER, ENGINEER BN, AUSTIN, TX 7813-0001

COMMANDER, ENGINEER BDE, FORT WORTH, TX 76810-0001

COMMANDER, 90<sup>TH</sup> RRC, SAN ANTONIO, TX 78209-6097

FOR: Commander, United States Army Reserve Command G-1, ATTN: (AFRC-PRS-M),  
1401 Deshler Street SW, Fort McPherson, GA 30330-2000

Commander, Human Resources Command-St Louis, Office of the Surgeon (AHRC-  
SG), 1 Reserve Way  
St Louis, MO 63132-5200

*(ARNG SOLDIERS, PROCESS THRU APPROPRIATE CHAIN OF COMMAND)*

FOR: NGB ATTN NGB-ARP-DA, 111 SOUTH GEORGE MASON DRIVE, ARLINGTON,  
VA 22204-1382

SUBJECT: Request to Exceed 180-day Statutory Limit on Receipt of Incapacitation Pay

1. Request an extension to receive incapacitation pay beyond the 180-day statutory limitation (37 USC § 204(i) (2)) for SPC Johnny Jones, 111-11-1111, a member of this unit.

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**Figure 3-7. Sample of Commander's Request to Exceed 180 Day Incapacitation Pay Limit**

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2. The following additional information is provided:

a. Date of incident: 8 January 2005

b. Types of training and date: IDT, 8-9 January 2005

c. Description of injury: Motor vehicle accident; multiple injuries, massive face and head injuries, bilateral fractures to distal radius, bilateral fractures styloid process on ulna and metacarpals.

d. Type LD/date/approving authority: Line of Duty Investigation, 9 January 2005, Fort Knox, KY; finding of line of duty yes, as indicated on reverse side of the DD Form 261, enclosure 1.

e. Civilian employment/occupation/MOS/location: Brown Construction, Clarksville, IN, 43214, spray painter/71L.

f. How injury prohibits employment: Soldier cannot use both hands at present, one is in a cast, and scheduled for more surgery in 5 months. The other requires therapy. Soldier has a balance problem due to injuries, and this should be corrected with more brain surgery. Soldier also has a vision problem that surgery also should correct.

g. History of incapacitation payments:

8-31 January 2005.....	\$1,338.12
1-28 February 2005.....	\$1,433.70
1-30 March 2005 .....	\$1,522.75
1-31 July 2005.....	\$1,338.12
1-31 August 2005 .....	\$1,472.58
1-30 September 2005 .....	\$1,522.75

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Figure 3-7. Sample of Commander's Request to Exceed 180 Day Incapacitation Pay Limit—Continued

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h. Background: SPC Johnny Jones was injured in a multiple vehicle accident on his way to a unit drill on 1 January 2000. Vehicle number two ran a red light and broad sided SPC Jones's vehicle causing his injuries. At present he is under the care of doctors at the U.S. Army Medical Department Activity

(MEDDAC) at Fort Knox, KY. At present, there is no MEB scheduled per Fort Knox, KY, until SPC Jones completes all required surgeries and reaches optimum medical care. When treatment by the MEDDAC is complete, a MEB will be scheduled with a Fort Knox physical evaluation board liaison officer (PEBLO). Doctor Casey, attending physician at MTF, Fort Knox, KY, verifies SPC Jones's incapacitation.

3. I have personally reviewed the circumstances surrounding this case and firmly believe that it is in the interest and fairness and equity in relevant part, for the Secretary of the Army or his designee to grant authorization to exceed the 180-day statutory limitation mandated by law. The severity and nature of the injuries incurred and the high probability that this Soldier will be discharged or separated from the Army by virtue of physical disability merit favorable consideration.

MICHAEL JORDAN  
Captain, IN, USAR  
Commanding

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Figure 3-7. Sample of Commander's Request to Exceed 180 Day Incapacitation Pay Limit—Continued

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## **Appendix A References**

### **Section I Required Publications**

#### **AR 25-400-2**

The Army Records Information Management System (ARIMS). (Cited in para 3-6.)

#### **AR 135-381**

Incapacitation of Reserve Component Soldiers. (Cited in paras 2-1c, 3-8.)

#### **AR 600-8-4**

Line of Duty Policy, Procedures, and Investigations. (See Required Forms) (Cited in paras 2-2c, 2-3k, 3-5a(1), 3-14.)

#### **DOD 7000.14-R**

Department of Defense Financial Management Regulations (FMRS). (Cited in paras 2-1e(4)(a), 2-3c, 2-4b.)

#### **DODI 1241.2**

Reserve Component Incapacitation System Management. (Cited in para 2-4b.)

### **Section II Related Publications**

A related publication is a source of additional information. The user does not have to read it to understand this publication.

#### **AR 40-501**

Standards of Medical Fitness

#### **Uniform Code of Military Justice**

(<http://www.army.mil/references/UCMJ/index.html>)

#### **5 USC 552a(b)**

Administrative Procedure, Records Maintained on Individuals ([www4.law.cornell.edu/uscode/5/552a.html](http://www4.law.cornell.edu/uscode/5/552a.html))

#### **10 USC 3013**

Armed Forces, Secretary of the Army ([www.washingtonwatchdog.org/documents/](http://www.washingtonwatchdog.org/documents/))

#### **10 USC 12304**

Selected Reserve and Certain Individual Ready Reserve ([www4.law.cornell.edu/uscode/10/12304.html](http://www4.law.cornell.edu/uscode/10/12304.html))

#### **18 USC 287**

False, Fictitious, or Fraudulent Claims ([www.washingtonwatchdog.org/documents/](http://www.washingtonwatchdog.org/documents/))

#### **37 USC 204**

Entitlement, Pay, and Allowances of the Uniformed Services ([www.washingtonwatchdog.org/documents/](http://www.washingtonwatchdog.org/documents/))

### **Section III Prescribed Forms**

Except where otherwise indicated below, forms are available as follows: DA Forms are available on the U.S. Army Publishing Directorate Web site (<http://www.apd.army.mil>); DD Forms are available at <http://www.dior.whs.mil>.

#### **DA Form 7574**

Incapacitation Pay Monthly Claim Form (Cited in para 2-1e, 2-3a, 2-3b, 2-3i.)

#### **DA Form 7574-1**

Military Physicians Statement of Soldiers Incapacitation/Fitness for Duty (Cited in para 2-1e(4)(b), 2-1f.)

#### **DA Form 7574-2**

Soldiers Acknowledgement of Incapacitation Pay Counseling (Cited in para 2-2d.)

## **Section IV**

### **Referenced Forms**

#### **DA Form 285**

U.S. Army Accident Report

#### **DA Form 1379**

U.S. Army Reserve Components Unit Record of Reserve Training

#### **DA Form 1380**

Record of Individual Performance of Reserve Duty Training

#### **DA Form 3349**

Physical Profile

#### **DD Form 139**

Pay Adjustment Authorization

## **Glossary**

### **Section I Abbreviations**

#### **AD**

active duty

#### **ADSW**

active duty for special work

#### **ADT**

active duty for training

#### **AR**

United States Army Reserve

#### **ARNG**

Army National Guard

#### **ARNGUS**

Army National Guard of the United States

#### **AT**

annual training

#### **CAR**

Chief, Army Reserve

#### **CNGB**

Chief, National Guard Bureau

#### **DA**

Department of the Army

#### **DCS**

Deputy Chief of Staff

#### **DCS, G-1**

Deputy Chief of Staff, G-1

#### **DES**

Disability Evaluation System

#### **DOD**

Department of Defense

#### **EPTS**

existed prior to entry service

#### **FAO**

Finance and Accounting Office

#### **IADT**

initial active duty for training

#### **IDT**

inactive duty training

#### **IMA**

individual mobilization augmentee; individual mobilization augmentation



**IRR**

individual ready reserve

**IRS**

Internal Revenue Service

**LD**

line of duty

**LDI**

line of duty investigation

**MEB**

Medical Evaluation Board

**MEDDAC**

U.S. Army Medical Department activity

**MTF**

medical treatment facility

**NGB**

National Guard Bureau

**NLD**

not in line of duty

**PAD**

patient administration division

**PEB**

physical evaluation board

**PEBLO**

physical evaluation board liaison officer

**RC**

Reserve components

**RRC**

Regional Readiness Command

**SSN**

Social Security number

**STARC**

State area commands

**TPU**

troop program unit

**TTAD**

temporary tour of active duty

**USAPDA**

U.S. Army Physical Disability Agency

**USA HRC-St. Louis**

U.S. Army Human Resources Command (Formerly AR-PERSCOM)

**USAR**

United States Army Reserve

**USARPAC**

United States Army Pacific

**USC**

United States Code

**VA**

Veterans Affairs

**Section II****Terms****Active Army**

The Active Army consists of (1) Regular Army Soldiers on active duty; (2) Army National Guard of the United States and Army Reserve Soldiers on active duty (except as excluded below); (3) Army National Guard Soldiers in the service of the United States pursuant to a call; and (4) all persons appointed, enlisted, or inducted into the Army without component. Excluded are Soldiers serving on (1) active duty for training (ADT); (2) Active Guard Reserve (AGR) status; (3) active duty for special work (ADSW) (which includes temporary tours of active duty (TTAD)) for 180 days or less; and (4) active duty pursuant to the call of the President (10 USC 12304).

**Active duty**

Full-time duty in the active military service of the United States. As used in this regulation, this term applies to Army National Guard and Army Reserve Soldiers who are serving in full-time duty and includes full-time training duty, annual training duty, full-time National Guard duty, and attendance, while in the active service, at a school designated as a service school by law or by the Secretary of the Army. This includes AGRs.

**Active Guard and Reserve (AGR)**

Army National Guard of the United States (ARNGUS) and U.S. Army Reserve (USAR) personnel serving on active duty (AD) under 10 USC 12301(d) and Army National Guard (ARNG) personnel serving on full-time National Guard duty (FTNGD) under 32 USC 502(f). These personnel are on FTNGD or AD (other than for training or AD in the Active Army) for 180 days or more for the purpose of organizing, administering, recruiting, instructing, or training the Reserve components and are paid from National Guard Personnel, Army or Reserve Personnel Army appropriations. Exceptions are personnel ordered to AD as: (1) General officers; (2) United States property and fiscal officers under 32 USC 708. (3) Members assigned or detailed to the Selective Service System serving under the Military Selective Service Act (50 USC App 460); (4) Members of the Reserve Forces Policy Board serving under 10 USC 1030; and (5) Members of Reserve Components on active duty to pursue special work under 10 USC 641(l)(E).

**Active status**

The status of an Army National Guard of the United States or U.S. Army Reserve commissioned officer, other than a commissioned warrant officer, who is not in the inactive Army National Guard, in the Standby Reserve (Inactive List), or in the Retired Reserve.

**Active service**

Service on active duty or full-time National Guard duty.

**Aggravated**

The worsening of a pre-existing medical condition over and above the natural progression of the condition as a direct result of military duty.

**Army**

The Regular Army, Army of the United States, Army National Guard of the United States, and the United States Army Reserve.

**Army National Guard (ARNG)**

That part of the organized militia of the several States and Territories, Puerto Rico, and the District of Columbia, active and inactive, that is a land force; is trained and has its officers appointed, under the sixteenth clause of Section 8,

Article I, of the United States Constitution; is organized, armed, and equipped wholly or partly at Federal expense; and is Federally recognized.

### **Army National Guard of the United States (ARNGUS)**

The Reserve component of the Army all of whose members are members of the Army National Guard. The ARNGUS consists of Federally recognized units and organizations of the Army National Guard and members of the Army National Guard who are also Reserves of the Army.

### **Duty Status**

A member is considered to be in a duty status during any period of active duty, funeral honors duty, or inactive duty training; while traveling directly to or from the place at which funeral honors duty, or inactive duty is performed; while remaining overnight immediately before the commencement of inactive duty training or between successive periods of inactive duty training, at or in the vicinity of the site of the inactive duty training, if the site is outside reasonable commuting distance of the member's residence; and while remaining overnight at or in the vicinity of the place the funeral honors duty is to be performed immediately before serving such duty, if the place is outside of a reasonable commuting distance from the member's residence.

### **Earned income**

Income from nonmilitary employment, including self-employment. This includes normal wages, salaries, professional fees, tips, or other compensation for personal services actually rendered, as well as income from income protection plans, vacation pays, and sick leave that the member elects to receive. It does not include rents, royalties, retirement pays, dividends or interest, welfare payments, or other nontaxable Government benefits. Members who are in receipt of Department of Veterans Affairs (VA) benefits may elect to receive either military pay or VA pay under DOD 7000.14-R, DOD Financial Management Regulation (FMR), volume 7A, chapter 57. If the member is in receipt of incapacitation payments, the member may not be eligible for welfare payments. If a member receives both incapacitation and welfare payments, the Service member would be required to reimburse welfare payments to the welfare agency.

### **Incapacitation**

Physical disability due to injury, illness, or disease that prevents the performance of military duties as determined by the secretary concerned, or which prevents the member from returning to the civilian occupation in which the member was engaged at the time of the injury, illness, or disease.

### **Incurred**

To occur as a result of or during military duty.

### **Individual Ready Reserve (IRR)/Inactive National Guard (ING)**

Consists of those Ready Reservists not in the Selected Reserve. Consisting of the following categories: A manpower pool comprised principally of individuals having had training, having served previously in the AC or in the Selected Reserve, and having some period of their military service obligation (MSO) remaining. Consists of programs such as the Armed Forces Health Program (AFHP), Delayed Entry Program (DEP), inactive duty training (IADT).

### **Line of Duty (LD) Determination**

An administrative determination, based on the preponderance of the evidence, that an injury, illness, or disease was incurred or aggravated while in an authorized duty status and was or was not due to gross negligence or misconduct of the member.

### **Line of Duty**

A finding after all available information has been reviewed that determines an injury, illness, or disease was incurred or aggravated as a result of military duty not due to gross negligence or misconduct of the member. This includes a Reserve component member on inactive duty training, funeral honors duty, traveling directly to or from such duty or training, or while remaining overnight, immediately before the commencement of or between successive periods of such duty.

### **Military Duties as Determined by the Secretary of the Army**

The duties of a Service member's office and grade, and not necessarily the specialty or skill qualification held by the member prior to incurring or aggravating an injury, illness, or disease in the line of duty.

### **Reasonable commuting distance**

The longest distance a Soldier can be expected to travel involuntarily between his or her residence and a site where inactive duty training (IDT) will be conducted. For officers, warrant officers, and enlisted Soldiers, it is a distance within a 50-mile radius of the IDT site. It will not exceed 1.5 hours of travel time one-way by car under average

traffic, weather, and road conditions. An alternative reasonable commuting distance for enlisted Soldiers can be applied when all of the conditions are met. It is a distance within a 100-mile radius of the IDT site. It will not exceed 3 hours of travel time one-way by car under average traffic, weather, and road conditions. The alternative reasonable commuting distance may be applied only when the Soldier is assigned to a unit that normally conducts multiple unit training assemblies (MUTA) on two consecutive days (MUTA-4) and Government-provided meals and quarters are furnished at the training site.

### **Regional Readiness Command**

A major subordinate command of the U.S. Army Reserve Command (USARC) that reports directly to the USARC.

### **Release from active duty**

Termination of active duty status and transfer or reversion to a Reserve component not on active duty, including transfer to the IRR.

### **Reserve components of the Army**

The Army National Guard of the United States (ARNGUS) and the United States Army Reserve (USAR).

### **Reserve of the Army**

A member of the ARNGUS or the USAR.

### **Secretary of the Army**

The Secretary of the Army regarding matters concerning the Army; the Secretary of the Navy regarding matters concerning the Navy, the Marine Corps, and the Coast Guard when it is operating as a Service in the Department of the Navy; the Secretary of the Air Force regarding matters concerning the Air Force; and the Secretary of Homeland Security regarding matters concerning the Coast Guard when it is not operating as a Service in the Department of the Navy.

### **Selected Reserve**

The Selected Reserve of the Army consists of those units and individuals in the Ready Reserve designated as so essential to initial wartime missions that they have priority over all other Reserves. The Selected Reserve includes officers, warrant officers, and enlisted Soldiers who are: members of the Army National Guard of the United States (ARNGUS); assigned to troop program units of the USAR; serving on active duty (10 USC 12301d) or full-time National Guard duty (32 USC 502f) in an Active Guard/Reserve (AGR) status; and Individual Mobilization Augmentees (IMAs).

### **Separation**

An all inclusive term which is applied to personnel actions resulting from release from active duty, discharge, retirement, dropped from the rolls, release from military control of personnel without a military status, death, or discharge from the Army National Guard of the United States with concurrent transfer to the Individual Ready, Standby, or Retired Reserve. Reassignments between the various categories of the U.S. Army Reserve (Selected, Ready, Standby, or Retired) are not considered as separations.

### **Separation authority**

An official authorized by the Secretary of the Army, or his designated official, to take final action with respect to a specified type of separation.

### **Standby Reserve**

The Standby Reserve consists of personnel maintaining their military affiliation without being in the Ready Reserve, having been designated as key civilian employees, or who have a temporary hardship or disability. These Soldiers are not required to perform training and are not part of units. It is a pool of trained Soldiers who may be mobilized as needed to fill manpower needs in specific skills. The Standby Reserve consists of two training categories: the Active Status List and the Inactive Status List.

### **Temporary tours of active duty (TTAD)**

A term applied to active duty for special work (ADSW) when the tour of duty is paid from military personnel appropriations (MPA).

### **Tier 1**

Refers to claims by Soldiers who are unfit to perform their military duties as a result of an injury, illness, or disease caused by military service. A determination of fitness for duty must be made by a military medical physician. Eligible

Soldiers are paid full military pay and allowances, less any civilian earned income received during the month of the claim, and are not eligible to draw retirement points.

## **Tier 2**

Refers to claims by Soldiers who are determined fit to perform their military duties by a military medical physician but who are unable to perform their civilian jobs and can demonstrate a loss of civilian earned income. Eligible Soldiers will be reimbursed for lost civilian earned income up to full military pay and allowances and are eligible to draw retirement points.

## **Troop program unit (TPU)**

A TOE or TDA unit of the USAR which serves as a unit on mobilization or one that is assigned a mobilization mission. The "unit" in this case is the largest separate unit prescribed by the TOE or TDA.

## **Unfit**

Does not meet the medical fitness standards as determined by a Government medical physician in accordance with, AR 40-501, chapter 3.

## **U.S. Army Reserve (USAR)**

The Army Reserve includes all Reserves of the Army who are not members of the Army National Guard of the United States (ARNGUS) and who are in a Ready, Standby, or Retired Reserve category. It is a Federal force, consisting of individual reinforcements and combat, combat support, and training type units organized and maintained to provide military training in peacetime, and a reservoir of trained units and individual reservists to be ordered to active duty in the event of a national emergency.

## **U.S. Army Reserve Command (AR)**

The U.S. Army Reserve Command (USARC), a major subordinate command of U.S. Army Forces Command, commands, controls, and supports all Army Reserve troop units in the continental United States with the exception of Psychological Operations and Civil Affairs units.

## **U.S. Army Human Resources Command (USA HRC-St. Louis) (Formerly AR-PERSCOM)**

A field operating agency of HRC-Alexandria which manages the professional career development of individual USAR Soldiers in order to provide trained individual USAR Soldiers for mobilization. This agency commands the Individual Ready, Standby, and Retired Reserve and administers the USAR AGR, and IMA programs.

## **Section III**

### **Special Abbreviations and Terms**

This section contains no entries.

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